

## Public Information Request Form

**Requestor Full Name:**

**Street Address:**

**City/State/Zip:**

**Primary Telephone Number:**

**Cell Telephone Number:**

**Fax Number:**

**E-mail Address:**

**Detailed description of your request:**

**\*NOTE: Certain exceptions to disclosure of public information exist under the Texas Public Information Act to protect against disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an open records opinion will be sought from the Office of the Attorney General regarding your request.**

**You may submit the form by mail, fax, e-mail or in person to:**

**Donna Osborne, PIO  
Texas State Library and Archives Commission  
P.O. Box 12927  
Austin, Texas 78711  
Email: [openrecords@tsl.texas.gov](mailto:openrecords@tsl.texas.gov)**